

# Oregon Hospital Financial Report (FR-3)

## Fiscal Year - 2021

### Section 1: Hospital Identification and Contact Information

Hospital Name	Sky Lakes Medical Center
Hospital System (Samaritan, Providence, None, etc.)	None
	93-0508781
Administrator's Address	2865 Daggett Avenue
City	Klamath Falls
County	Klamath
State	Oregon
Zip Code	97601
Administrator's Phone	[REDACTED]
Administrator's E-mail	[REDACTED]
Administrator's Name	Andrew Molatore
Administrator's Title	Controller
CFO's Name	Richard E Rico
Name of Person completing this form	Darriann Meeker
Title	Sr. Accountant
E-mail Address for Person completing this form	[REDACTED]
Direct Phone for Person completing this form	[REDACTED]
Address (if different than Hospital)	Same
City (if different than Hospital)	Same
Zip Code (if different than Hospital)	Same

**All Data should be based on the Audited Financial Information**

**Section 2: Gross Patient Revenue**

Inpatient	\$212,322,696
Outpatient	\$457,148,568
LTC ICF/SNF	
Clinic	\$57,181,791
Other Patient revenue (please identify below)	
-	
-	
<b>Gross Hospital Patient Revenue</b>	<b>\$726,653,055</b>

**Section 3: Deductions from Gross Patient Revenue**

**Contractuals**

Medicare	\$244,406,071
Medicaid	\$104,955,632
Other Contractuals	\$95,767,230

**Uncompensated Care**

Bad Debt	\$8,322,942
Charity Care	\$8,499,499
<b>Total Deductions from Patient Revenue</b>	<b>\$461,951,374</b>

**Section 4: Net Patient Revenue**

<b>Net Patient Revenue</b>	<b>\$264,701,681</b>
----------------------------	----------------------

**Section 5: Net Income**

Net Patient Revenue	\$264,701,681
Other Operating Revenue	\$11,642,122
<b>Total Operating Revenue</b>	<b>\$276,343,803</b>
<b>Total Operating Expense</b>	<b>\$271,860,410</b>
<b>Operating Income</b>	<b>\$4,483,393</b>
<b>Net Nonoperating Revenue (Expense)</b>	<b>\$5,606,607</b>
<b>Net Income</b>	<b>\$10,090,000</b>

**Section 6: Property, Plant & Equipment**

<b>Property, Plant &amp; Equipment</b>	<b>\$298,207,822</b>
<b>Accumulated Depreciation</b>	<b>\$163,223,121</b>
<b>Net Property, Plant &amp; Equipment</b>	<b>\$134,984,701</b>

After completing, please return this form and a copy of the hospital's audited financial statement to:

[hdd.admin@dhsosha.state.or.us](mailto:hdd.admin@dhsosha.state.or.us)

Or send hard copy to:

Oregon Health Authority  
Office of Health Analytics  
500 Summer St. NE, E-64  
Salem, OR 97301